



#411 Reg for  
refund  
04-22-04

# Fax

**To:** Deposit Account Branch

**From:** Viana Daly

Intellectual Property Administrator

Tel: 781 860 8469

Fax: 781-860 1407

**Fax:** 703 308 6778

**Pages:** 3 (including cover sheet)

**Phone:**
**Date:** March 16, 2004

**Re:** Deposit Account 50-1986

**CC:**

☐ Urgent  
 ☐ For Review  
 ☐ Please Comment  
 ☐ Please Reply  
 ☐ Please Recycle

**• Comments:**

According to our March 2004 statement, large entity fees were deducted from our deposit account for activity in USSN 08/986,186 (Docket No.C020/P2C). Cubist Pharmaceuticals, Inc. is a small entity. Therefore, we respectfully request that you refund the sum of \$55.00 which is the difference between the small and large entity fee. Copies of the pertinent statement and authorization are attached.

Thank you for your attention to this matter. Please contact me with any questions.

04/22/2004 EEKUBAY1 00000001 501986 08986186

01 FC:2251 55.00 DA

THIS FAX IS FOR THE SOLE USE OF THE INTENDED RECIPIENT(S) AND CONTAINS CONFIDENTIAL AND PRIVILEGED INFORMATION. ITS CONTENTS SHOULD NOT BE DISCLOSED NOR SHOULD IT BE GIVEN OR COPIED TO ANYONE. IF YOU ARE NOT THE INTENDED RECIPIENT, PLEASE CONTACT THE SENDER AND DESTROY ALL COPIES OF THE ORIGINAL MESSAGE. THANK YOU.

USPTO Dep AcctFAX(refundreq) 031604.doc

65 Hayden Avenue, Lexington, MA 02421

P. 781.860.8660

F781-860-1407

www.cubist.com

Adjustment date: 04/22/2004 EEKUBAY1  
 03/15/2004 DHARTINO 00000009 501986 08986186  
 01 FC:1851 110.00 CR

03/16/04 TUE 12:03 [TX/RX NO 8507] 001



United States  
Patent and  
Trademark Office



**Deposit Account Statement**

Requested Statement Month: March 2004  
Deposit Account Number: 501986  
Name: CUBIST PHARMACEUTICALS, INC  
Attention: TIMOTHY J DOUROS  
Address: 65 HAYDEN AVE  
City: LEXINGTON  
State: MA  
Zip: 02421

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
------	-----	--------------------	---------------------------	-------------	-----	-----

03/15	11	08986186	<del>8767-899-999</del> 1251		\$110.00	\$4,349.00
-------	----	----------	------------------------------	--	----------	------------

*COB/PAC US*

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$4,459.00	\$110.00	\$0.00	\$4,349.00

[Need Help?](#) | [Return to USPTO Home Page](#) | [Return to Office of Finance Home P](#)

PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0851-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> C020/P2C
In re Application of <b>Todd C. Peterson et al.</b>		
Application Number <b>08/986,186</b>		Filed <b>December 5, 1997</b>
For <b>METHODS FOR GENERATING AND SCREENING NOVEL METABOLIC PATHWAYS</b>		
Group Art Unit <b>1631</b>		Examiner <b>John S. Brusca</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ <u>110.00</u>
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.00.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account Number 50-1988.  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  
☐ attorney or agent of record.  
☒ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) 42,483

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

February 9, 2004  
Date

William D. DeVaul  
Signature

William D. DeVaul  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

C020P2C Response 09FEB04 FINAL EOT.doc